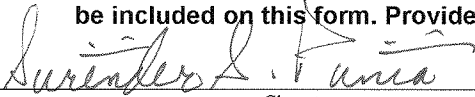
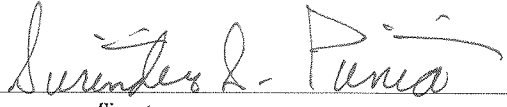
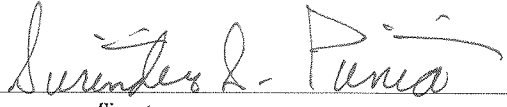
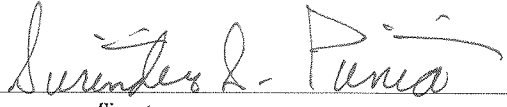


AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 1695.003		
Applicant(s): Vachon et al.						
Application No. 10/691,117	Filing Date 10/21/2003	Examiner Kristie L. Brooks	Customer No. 23405	Group Art Unit 1616	Confirmation No. 5330	
Invention: SULFONATED STYRENE COPOLYMERS FOR MEDICAL USE						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	13 -	24 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	2 -	6 =	0	x \$105.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: April 30, 2008			
Surinder S. Punia, Ph.D. Registration No. 60,045 HESLIN ROTHENBERG FARLEY & MESITI P.C. 5 Columbia Circle Albany, New York 12203 Telephone: (518) 452-5600 Facsimile: (518) 452-5579			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> CERTIFICATE OF ELECTRONIC TRANSMISSION I hereby certify that this correspondence is being electronically transmitted to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 30, 2008.  _____ Signature Surinder S. Punia _____ Typed or Printed Name </td> </tr> </table>			CERTIFICATE OF ELECTRONIC TRANSMISSION I hereby certify that this correspondence is being electronically transmitted to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 30, 2008.  _____ Signature Surinder S. Punia _____ Typed or Printed Name
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CC:						